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ABSTRACT

The manual contains forms, handouts, checklists, and other materials used in and developed by the Bilingual Screening and Reading Clinic Demonstration Project of New York City's Community School District 3. The materials are provided for teachers and administrators to use or modify for working with bilingual school populations in need of specialized remedial reading services. A description of the program and its philosophy is provided, and subsequent sections contain materials on screening, diagnosis, classroom planning, involving parents, and regulations and resources. The materials include student profile forms, notes on developmental stages and characteristics, referral forms, notes on the teacher's role, screening checklists, child and parent interview formats, classroom assessment profile forms, assessment worksheets, a sample case study report, sample classroom and reading center organizational materials, and form letters and authorizations. This manual is intended for parents and professionals to refer to for the following purposes: (1) to learn more about the components and activities of the Bilingual Screening and Reading Clinic Demonstration Project--Community School District #3; (2) to find appropriate explanations of and materials suitable for problems of children with whom they are in daily contact; (3) to learn about resources and problems in the areas listed in the manual; and (4) to assess the completeness of their role in the screening or diagnosis of children with reading/language needs. (MSE)

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COMMUNITY SCHOOL DISTRICT 3

300 West 96 Street
New York, N.Y. 10025

MANUAL PREPARED FOR THE

Bilingual Demonstration Project
TITLE VII

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Reading in 3 Languages
La lectura en 3 idiomas
La lecture en 3 langues

Bilingual Program
PS 87
160 West 78th Street
New York, New York 10024

New York City Board of Education
Grant No. G008007042
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Acknowledgments

The Bilingual Screening and Reading Clinic Demonstration Project Manual was prepared as a project supported by Title VII federal funds. It is a curriculum manual for Community School District 3, Albertha S. Toppins, Community School District Superintendent.

The *Manual* is one product of the hard work and assistance provided to the Screening Reading Clinic Demonstration Project by many individuals. Special thanks is given to: **Tessa Harvey,** Deputy Superintendent of Special Programs; **Milton Graciano,** Director of Bilingual Education Program; **Gwendolyn Brown,** former Director of the Reading Clinic, Director of the Computer School; **Andres Rodriguez, Jr.,** Project Coordinator of the Bilingual Screening and Reading Clinic Demonstration Project; **Nicole B. Rosefort,** Coordinator of the Haitian Trilingual Project; and the Clinician teams: PS 9 — **Carlo Mitton, Edridge Roumer, Ernest Cave;** PS 145 — **Juana Rosa, Aida Figueroa, Asuncion Reyes;** PS 165 — **Lawrence Godfried, Elsie Alvarez, Benita Capiello,** and **Rafael Figueroa.**

We are most grateful for the continued guidance and assistance of **Tessa Harvey,** Deputy Superintendent of Special Programs; **Gil Turchin,** Director of the Office of Funded Programs; **Mary T. Mahoney,** Title VII Program Specialist, Office of Bilingual Education and Minority Languages and Affairs, Washington, D.C.; **Richard Holland** (deceased) former Director of the District 3 Reading Clinic who along with Ms. Harvey and Mr. Turchin developed the proposal for the Bilingual Screening and Reading Clinic Demonstration Project.

Philip and **Frances Segan** served as editors for the *Manual*. **Petra Alcala** served as typist and production assistant for the project.

Foreword

Educators today are faced with many difficult tasks, not the least of which is meeting the tremendous diversity of special needs among their students. These special needs may take the form of social-emotional, psychological, and linguistic differences from other students in the regular classroom. Compound these differences—a non-English or limited English proficient student—as well as suffering from social emotional difficulties, and the problem for educators becomes monumental.

It is the monumental, but not insurmountable problems of the non-English-speaking youngster who exhibits reading difficulties in the *mainstream* classroom, for which this manual was developed. It is a compilation of materials and descriptions of strategies representing the best efforts of educational practitioners in the Bilingual Reading Clinic Demonstration Project in Community School District 3, Manhattan. The processes described are the result of actual work with students over the past six years in the District's schools.

Under the able leadership of the Community Superintendent, Project Directors, and staff, working closely with supportive parents, many successes have been seen.

It is the hope of the contributors to the project and to this manual that the steps to success that are being shared with the readers will be valuable to them in their work with similar populations.

Introduction

The Bilingual Screening and Reading Clinic Demonstration Project Manual is a compilation of materials—forms, handouts, checklists, and the like—that have been used in Manhattan's Community School District 3 for its Bilingual Screening and Reading Clinic Demonstration Project, and former PSEN Reading Clinic.

The value of these materials resides in their proven usefulness, reliability, thoroughness and ease of administration and scoring; the uniqueness of these materials derives from the fact that they are program-specific, having been developed by the Project staff for use with the particular populations being served by the clinics.

The manual's purpose is to provide teachers, clinicians, and administrators with the tools for working with a similar bilingual population in need of specialized remedial reading services.

Forty hours of videotapes for the Staff Development component of the District 3 (PSEN) Reading Clinic and the Bilingual Screening and Reading Clinic Demonstration Project have been developed for supplementary use with the Manual. These tapes can be released with the approval of the Community Superintendent, Ms. A.S. Toppins.

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Philosophy

The Clinical Concept follows the child-development theory of reading which has been presented in different ways by William Burton (*Reading in Child Development*, Bobbs-Merrill, 1956), William Olson (*Child Development*, D.C. Health, 1959), and David Russell (*Children Learn to Read*, Ginn C., 1961). Essentially, this theory shows how various aspects of the child's development—his physical, mental, academic, and emotional development—are related to and contribute to his development in reading, which in turn, enhances growth in the other areas. The bilingual reading clinician focuses not only on the child's reading development but also on all other aspects of the child's development to determine the child's skill strengths as well as the problem(s) preventing progress in learning to read in the native and/or English language.

Clinical Concept

A Reading Clinic is an organized group of professionals whose primary function is helping individuals become efficient readers. The clinical method places emphasis on the individual student, each being dealt with as a "case study." A team approach is also emphasized in the operation of a Clinic whose philosophy is that an organized group of professional people working together in a cooperative fashion has possibilities of action which are beyond the capabilities of the bilingual remedial teacher or bilingual reading specialist working singly in a classroom setting. However, such a specialist is asked for input into each "case" dealt with, and, in a sense becomes a member of the clinical team. The bilingual classroom teacher is also consulted regularly for input and is informed of all clinical findings and progress which will be helpful in future work with the child.

A clinical case study of the individual bilingual child who is having difficulty learning to read provides the most thorough analysis possible. Every area that may effect the child's learning is checked. The physical ability to deal with the spoken language and the printed word is assured through a complete and thorough examination of the child's hearing and vision. Efforts are made to secure the services of a bilingual psychologist or bilingual psychological agency in order to determine the child's mental ability to engage in the reading process. Bilingual consultant psychologists assist the clinician in diagnosing and remediating complicated problems that may be preventing the child from learning to read.

The intense concentration on the individual and the methodical compilation of data about the individual are characteristic of the clinician method and serve to focus on individual needs not usually possible within the bilingual school setting. As these needs are discovered through case study and clinician diagnosis by a bilingual clinician, they are provided for immediately within the school where possible; or a referral is made followed up when outside help is needed from other agencies. Such referrals are made through school policy procedures and in accordance with policies established by the District Bilingual Project Director's office.

COMMUNITY SCHOOL DISTRICT 3

Description of the Bilingual Screening and Reading Clinic Demonstration Project Services: Title VII

The Bilingual Demonstration Project aimed to train professional and paraprofessional staff in reading clinic techniques and developed this manual for replication purposes. The school sites selected to participate were chosen according to criteria involving the number of Hispanic and Haitian-French pupils with limited English language proficiency (LEP); their achievement levels; assessment of the school's need and interest; the assessment of the administrator's commitment to bilingual-bicultural education, staff development, and parent involvement; an assessment of the schools' demographic data in terms of their potential to serve as initial demonstration sites for replicating local educational agencies in the future.

The Bilingual Screening and Reading Clinic Demonstration Project utilized a multi-disciplinary approach for the selection of pupil participants. The program provided clinical screening services to 500 LEP students and then provided individualized remediation services to the 200 students diagnosed as most in need by trained bilingual-bicultural paraprofessionals and reading clinicians. A total of 75 intensive pupil case studies were developed from the pupils with most need at the project sites.

In-service staff development and on-site workshops, demonstrations, and seminars were open to professionals and parents. The parent training component also involved on-site activities, an Adult Evening School Program, and travel to local or national conferences. The three stages of operation for the Bilingual Demonstration Project involved implementation (first year) 1980-81, validation (second year) 1981-82, and replication (third year) 1982-83.

The bilingual clinician does a "case study" on selected students. The case begins with an "intake" diagnostic work-up designed for the bilingual student. Language dominance is determined by administering both receptive and expressive language proficiency tests such as the "Idea Oral Language Proficiency Tests" and "The Carrow Test for Auditory Comprehension of Language."

If, as a result of these tests, the student is found to be English dominant the following diagnostic workup is given in English:

1. Audiometric screening
2. Telebinocular screening
3. Wepman Auditory Word Discrimination Test; "LAB" Listening Tests
4. Huelsman Visual Word Discrimination Test
5. Roswell-Chall Word Analysis Test
6. Spache Diagnostic Reading Scales

If, as a result of the Language Proficiency Tests, the student is found to be Spanish or French dominant, the following diagnostic workup is given in Spanish/French:

1. Audiometric screening in Spanish/French
2. Telebinocular screening in Spanish/French
3. Auditory discrimination tests using the Austin Spanish Articulation Test and appropriate sections of the New York City Board of Education *Language Assessment Battery*; the Carrow Test for Auditory Comprehension of Language; comparable French tests developed by Bilingual Reading Clinic Staff.
4. Visual discrimination tests using the San Bernadino/Santillana Language Development Test and clinical tests developed by Bilingual Reading Clinicians.
5. Assessment for Diagnosis and Prescription in Developmental Reading Activities in Spanish/French conducted with various instruments; The Inter-American Tests, clinically developed Reading Comprehension Tests, Santillana Reading-Scales, Test-de Lecture, etc.

This diagnostic workup provided the clinician with a picture of the student's physical and mental ability to deal with the printed word in his/her dominant language. The reading tests determined the level and skills of reading ability from which the the clinician generated a plan of reading instruction using the student's dominant language.

The instruction phase began in either English or Spanish/French-Creole and continued along with all other components of clinical teaching and/or case study. While the diagnostic workup may have provided an overall

picture of the problem at hand and served as a screening device to determine gross deficiencies in either the physical or mental ability to deal with the reading processing in a dominant language, in most cases the problem was found to have a complex nature and was not detected without thorough case study.

The bilingual clinician team continued reading instruction with the students under case study in order to learn patterns of work behavior, response to various learning and teaching approaches, always making a continued effort to determine how each individual student learned successfully. Small groups of six to ten children were scheduled for each Reading Clinic session.

The case study continued with the gathering together in a systematic fashion of many kinds of data from a variety of sources concerning the bilingual students' problem in learning to read. As information is collected, it is placed in a case file folder or student profile folder if she/he was categorized as a remediation student.

The case file included:

1. Parent Consent for Clinical Case Study
2. Diagnostic Workup Data and Results of Any Other Tests Clinician Deemed Necessary
3. Data from School Records: Health Information, Past and Present Education Record, Test Data
4. Interview with Student
5. Interview with Parent
6. Interview with Present Teacher, Log of Teacher-Articulation Sessions throughout the school year
7. All other pertinent data obtained from records of Guidance Counselors, SBST, COH, or other Service Agencies and/or Hospitals
8. Bilingual Psychologist's Report (where necessary)
9. Significant Student work during Case Study/Clinical Teaching to Remediation for Students

Standardized forms based on the research of various reading and bilingual educators were prepared for most of the case file items. Contacts were made with community psychologists or specialists whenever the clinician felt that such consultation was required. A record from these agencies was included in the case file. Presntly, a manual has been developed and revised which cites over 29 community agencies/institutions offering bilingual services to the parents and students of School District 3.

Case study was ended when the clinician determined the cause of the student's reading problem and devoted a resonable amount of time to finding effective methods of helping the student succeed in learning to read in his/her dominant language despite the problem. When the case study was completed, a summary of the outcome was writen and passed on to the educational professionals who dealt with the student in the future. The case study was then permanently secured as a confidential record.

Student Profile Forms were also included as part of the pupil's cumulative record. Follow-up services were provided for each pupil as indicated on the card.

Please address all requests for supplementary materials and information to:

Mr. Andres Rodriguez, Jr., Project Coordinator, Bilingual Program—District #3, P.S. 87
160 West 78th Street, New York, NY 10024

BOARD OF EDUCATION
OF THE CITY OF NEW YORK
OFFICE OF BILINGUAL EDUCATION

COMMUNITY SCHOOL DISTRICT #3 STUDENT'S NAME _____

SCHOOL _____ METROLAB I.D. NUMBER _____

BILINGUAL SCREENING AND PRESCRIPTIVE REMEDIATION DEMONSTRATION PROJECT

STUDENT PROFILE FORM*

STUDENT NAME _____ DATE OF BIRTH _____

ADDRESS _____ PLACE OF BIRTH _____

YEARS OF SCHOOLING IN USA _____ GRADES COMPLETED IN NATIVE COUNTRY/U.S. _____

DATE OF NYC PUBLIC SCHOOL ENTRY _____

HOME LANGUAGE/S _____

MOTHER'S NAME _____ NATIVE LANGUAGE _____

FATHER'S NAME _____ NATIVE LANGUAGE _____

ELIGIBILITY ASSESSMENT:

FIRST LANGUAGE (Specify) _____ SECOND LANGUAGE (Specify) _____

DATE _____ DATE _____

*School District 3, Bilingual Demonstration Project has collaborated with The Office of Bilingual Education, Center for Assessment, Ms. Genis Melendez, Director, in adapting this form for the targeted bilingual students being served at P.S. 9, P.S. 145, and P.S. 165.

COMMUNITY SCHOOL DISTRICT #3

BILINGUAL SCREENING AND PRESCRIPTIVE/REMEDIATION DEMONSTRATION PROJECT

STUDENT PROFILE FORM

SCHOOL _____ SCHOOL YEAR _____

STUDENT NAME _____ CLASS _____

DATE	SCREENING TESTS/ LANGUAGE AND READING TESTS	NAME OF TEST	LANGUAGE	FINDINGS/SCORES
	VISION			
	HEARING			
	READING ENGLISH			
	READING NATIVE LANGUAGE			
	SPEECH/LANGUAGE TESTS			
	PERCEPTUAL/MOTOR			
	PSYCHOLOGICAL EVALUATION			
	OTHER(s)			

FOLLOW UP/RECOMMENDATIONS

_____
SIGNATURE OF BILINGUAL READING CLINICIAN

COMMUNITY SCHOOL DISTRICT 3
300 West 96th Street
New York, New York 10025 (212) 678-2800

March 23, 1981

STAFF MEMORANDUM

TO: Bilingual Demonstration Project Staff

FROM: Andres Rodriguez, Jr., Project Coordinator

SUBJECT: Instructions for completing the "Student Profile Forms"

The clinician team should have two cards for each pupil who will be screened in the classroom-clinic setting:

(1) The Student Profile Form, and (2) The Program Placement Form. Use ink/flair pens.

I. Begin by completing the "Student Profile Form." This form will contain information as to what screening tests were employed for assessing each bilingual pupil referred to the project.

a. Make sure that each form contains the students name, school, school year, and class.

b. For the Test Scores section:

1. note the date(s) on which any test(s) were given to a pupil.
2. for the type(s) of screening test(s) indicate briefly the name of the instrument(s) test(s).

SCREENING TEST	NAME
Vision	Keystone
	NYSOA Vision Tests Battery
Hearing	Audiometer
Reading Native Language	IRI
	SRA—Diagnostic Test Interamerican—Level I
Speech/Language	Carrow English—Articulatory
	Slingerland—Echolalia Informal
Perceptual/Motor	SUNY—VMI Test
	Beery
	DLM Co. Tests
Psychological Evaluation	Indicate Name of Evaluator(s) i.e. COH Ms. I. Villar

c. For the follow-up/recommendation(s) section state briefly if students:
"needs further evaluation"
"must return for remediation"
"potential case study for next year"
"should be referred to COH"
"needs further vision screening or recommended vision test at Optometric Center, etc."

Please note that on the first side of the "Student Profile Form" you may not be able to immediately decide in what language(s) you will conduct assessment and/or screening. "Eligibility Assessment" refers to the Language(s) in which student can function best, LAB scores can be noted, if available, for this section.

II. "The Program Placement" Cards

Should indicate student name, class and if any class transfers.

a. The Program Category merely shows if the student is presently a case study candidate or if the student will get remediation services or the student should return to his regular class for reading instruction.

b. For remediation or case study participants, show briefly the tests (follow the same procedure to complete as on the "Student Profile Form"), scores or findings for each pupil will remain in your reading basic program.

For all students indicate some follow-up/recommendations such as:

"Should return to regular class—reading enrichment activities should be provided"

"Should receive intensive sight-word/word attack skills in reading clinic setting"

"Needs vision exam"

"Should get remedial reading in clinic teaching first; might become case study."

Always sign your cards.

Keep until last week of school in June. "The Student Profile Form" should be placed in a student's cummulative school record.

"The Program Placement Form" is kept in confidential files of the Demonstration Project Classroom.

How To Use This Manual

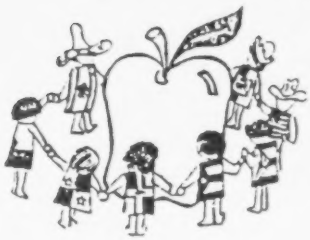
This manual is divided into five sections for easy reference by teachers, parents, clinicians, paraprofessionals, and other interested readers. Its purpose is to provide each section both a quick overview and explanation as well as in-depth information and sample forms and materials. It is our hope that parents and professionals will refer to this manual on many occasions for the following purposes:

- To learn more about the components and activities of the Bilingual Screening and Reading Clinic Demonstration Project — Community School District #3.
- To find appropriate explanations of and materials suitable for problems of children with whom they are in daily contact.
- To learn about resources and materials available to them to assist their children who are having problems in the areas listed in this manual.
- To assess the completeness of their role in the screening or diagnosis of children with reading/language needs.

Each section has been prepared to give the user a list of appropriate activities and materials for the area(s) described. A list of contents begins each section to expedite the reader's search for specific information related to a problem or need of specific youngsters.

As often as possible, materials, activities, and classroom practices are presented in the languages of the population served—English, Haitian-Creole/French, and Spanish. Where appropriate, the user of this manual may adapt materials or activities for youngsters of a different language or age group. In addition, we encourage the readers of this manual to expand or alter specific activities to meet the unique needs of their student.s

Bilingual Demonstration Project
TITLE VII



SECTION I:
Screening

"Before you can teach a child, you've got to learn him." **—Emett Betts**

Five hundred Haitian-English and Spanish-English Bilingual Students from the three Elementary project schools participated in this model program.

A "Pupil Profile Form" was developed by Project Staff which indicated screening results, findings, and follow-up services in the area of vision, hearing, language dominance, language proficiency and reading ability, perceptual-motor skills development and speech.

"Various aspects of the (bilingual) child's development—his physical growth, his (bi-cognitive) development, and his emotional development are related to and contribute to his development in reading—English and his other languages."

The Demonstration Project Staff has "expanded the screening process to provide valid and non-discriminatory assessment for children from multi-cultural backgrounds.

CONTENTS OF THIS SECTION

SCREENING: Overview and Referral Procedures

FORMS FOR SCREENING/EVALUATION

- Silent/Oral Reading
- Diagnostic Profiles:
  - Student Profile
- **Interviews:**
  - Child
  - Parent
  - Teacher
- **Summaries:**
  - Needs Assessment

Screening

The screening instruments presented in this section offer the teacher a means of detecting the strengths and weaknesses of the bilingual child in the area of reading skills. As an indicator of a possible deficiency, the screening should not be used as the basis for labeling a child, nor should intervention strategies be determined without complete diagnostic study, characterized by an assessment of the child's vision, hearing, motor and perceptual skills.

The parent questionnaires that are included are useful when coupled with other screening instruments to aid in the identification process. As observers of their children's behavior, parents should participate in the screening process through a sharing of their child's daily activities. The sharing process also includes an explanation of the procedures used in and the results of the screening activities. In addition, parents need to know the need, if any, as well as the extent of further testing of the child.

IDENTIFYING INDIVIDUAL STRENGTHS AND WEAKNESSES

How do I identify the strengths and weaknesses of individual children? What do I look for to establish a profile of the child?

FINDINGS	INTERPRETATIONS	ACTIVITIES
1. **Development is sequential and in a predictable direction for all children, but children progress at different rates.**	1. Though the overall sequence of development is pre-determined, children will vary in the way they progress through their development. Some children will move to a given plateau more quickly than others. Some children may make a slower progress, and then catch up and move ahead very quickly. Children whose development appears to be very different may very well be normal.	1. Be aware of normal sequences of development. Make notes about where the child is developing. *(See attached charts.)*
2. Strengths and weakneesses can be determined by using the average range established for chronological age for motor development, fine motor development, and eye-hand coordination, language, communication and social development.	2. Classroom personnel need to know the average range of development and behavior for chronological age, and to recognize what is below or above the average range.	2. Make notes about the child's strengths and weaknesses. *(See attached charts)*

MOTOR DEVELOPMENT

BIRTH - 18 MONTHS	18 MONTHS - 3 YEARS	3 YEARS - 5 YEARS
gets up to sitting position	builds tower of four blocks	alternates feet walking down stairs
sits without a support	walks upstairs . . . one at a time	balances on one foot for five seconds
walks hold on	jumps in place	hops on one foot
stands alone	throws overhand	catches bounced ball
stacks two blocks	builds a bridge of three blocks	builds steps of six blocks
walks alone	balances on one foot for one second	
walks backward	runs	
bends down and picks up object	pedals a tricycle	
	kicks a ball	
	uses slide	
	walks across a board placed on floor	
	walks up and down steps with help or holding into rail . . . not alternating feet	

From: Boyd development Progress Scale in *Developmental and Learning Disabilities: Evaluation Management and Prevention in Children*. John H. Meier. University Park Press. Baltimore, Maryland. 1976. p. 46-47.

Dmitriev, Valentine. "Motor and Cognitive Development in Early Education." *Behavior of Exceptional Children*. Norris Haring (ed.) Bell and Howell. 1974. pp. 85-89.

PERSONAL-SOCIAL DEVELOPMENT

BIRTH - 18 MONTHS

occupies self, unattended
feeds self a cracker
drinks from a cup with help
feeds—scoops with spoon or fork
chews food
drinks without help
opens closed doors
removes clothing

18 MONTHS - 3 YEARS

puts on some clothing
feeds—uses fork to spear
washes, dries own hands
gets own drink

3 YEARS - 5 YEARS

feeds—cuts with fork
cares for self at toilet
dresses without help
brushes own teeth
washes own face
buttons—correct and complete

From:
Boyd Developmental Progress Scale in *Developmental and Learning Disabilities: Evaluation, Management and Prevention in Children.* John Meier. University Park Press. Baltimore, Maryland. 1976. pp. 46-47.

Dmitriev, Valentine. "Motor and Cognitive Development in Early Education." *Behavior of Exceptional Children.* Norris Haring (ed.) Bell and Hwell. 1974. pp. 85-91.

FINE MOTOR DEVELOPMENT — EYE HAND COORDINATION

BIRTH - 18 MONTHS

follows objects with eye
rolls body over
reaches for objects
grasps objects
transfers objects from one hand to the other
pincer grasps — thumb and index finger
scribbles
claps hands

18 MONTHS - 3 YEARS

copies line
cuts with scissors
puts pegs in board
does a one to three piece puzzle
works a multiple shape board
puts rings on a stick
copies a circle

3 YEARS - 5 YEARS

cuts along a simple outline
draws a man with four parts
paints at easel
pastes
strings beads
copies geometric designs (circles, cross, square, triangle)
uses crayons and pencils to scribble
does puzzles
matches, recognizes, sorts and names colors
matches, recognizes, sorts and names shapes
knows and points to body parts
imitates motor behavior

From:
Boyd Developmental Progress Scale in *Developmental and Learning Disabilities: Evaluation, Management and Prevention in Children.* John H. Meier. University Park Press. Baltimore, Maryland. 1976. pp. 46-47.

Dmitriev, Valentine. "Motor and Cognitive Development in Early Education." *Behavior of Exceptioal Children* — Norris Haring (ed.) Bell and Howell. 1974. pp. 77-78.

COMMUNITY SCHOOL DISTRICT #3
300 West 96th Street, New York, NY 10025

READING CLINICAL REFERRAL

(BILINGUAL)

STUDENT _____ DATE _____

Grade _____ Age _____

SCHOOL _____ REFERRING TEACHER _____

1. Number of years schooling completed by this student
(must be more than two for clinical referral, not including Kindergarten). _____

2. Student's dominant language at this time: ☐ English ☐ Spanish ☐ Other _____

3. Number of years reading instruction received in student's dominant language
(must be at least two in a bilingual program for clinic referral). _____

4. Indicate your estimate of degree of reading ability in the dominant language by circling appropriate number using the following scale:
1. Adequate 2. Below adequate 3. Significantly below adequate 4. Non-reader

READING IN ENGLISH	READING IN SPANISH
1 2 3 4	1 2 3 4

5. Number of years bilingual instruction given the student by teacher making referral (use fractions when approrpriate). _____

6. Please mark the following checklists based on your observations:

a. Tendency to close one eye	Yes ☐	No ☐	f. Frequent stumbling	Yes ☐	No ☐
b. Tilting head to one side	Yes ☐	No ☐	g. Tendency to favor one ear (turning one ear towards the speaker)	Yes ☐	No ☐
c. Squinting, blinking, twitching	Yes ☐	No ☐	h. Tendency to breath through the mouth	Yes ☐	No ☐
d. Holding the page too close or too far when reading (normal distance is about 14 to 15 inches from eyes)	Yes ☐	No ☐	i. Frequent requests to repeat statements and questions	Yes ☐	No ☐
e. Crossed eyes	Yes ☐	No ☐	j. Unnatural pitch of the voice	Yes ☐	No ☐

_____ _____

SIGNATURE OF REFERRING TEACHER PRINCIPAL'S SIGNATURE

THE ROLE OF THE:

AREA:	CLINICIAN	TEACHER	PARENT
Oral Language Development and Speech	Tests, or refers for testing, student with oral language production problem. Assesses proficiency of student in both dominant and second language. Determines if problem is related to linguistic confusion or has a physiological or neurological basis. Uses: Test of Oral Language Proficiency	Makes referral based on observation of student or on information contained in records pertaining to need for auditory examination. May contact school nurse, clinician, and parent regarding need for child to use language—dominant or second—in natural, informal settings.	Engages child in language experiences either dominant or second language. Provides language model by using a variety of linguistic activities: asks questions gives explanations; helps child to see cause and effect or consequences of actions; gives child sets of commands or oral list of activities to be carried out.

ORAL READING CHECKLIST

NAME _____

GRADE _____ AGE _____ DATE _____

SKILLS	MASTERY		
Ability to utilize word attack skills	Poor	Average	Good
Sounding out new words	Poor	Average	Good
Pronouncing words correctly	Poor	Average	Good
Using structural parts	Poor	Average	Good
Using combined methods of word attact	Poor	Average	Good
Ability to phrase meaningfully	Poor	Average	Good
Ability to recognize and use punctuation symbols	Poor	Average	Good
Ability to identify main ideas	Poor	Average	Good
Ability to read fluently and enunciate clearly	Poor	Average	Good
Ability to convey meaning and feeling to listeners	Poor	Average	Good

(Sources: Smith, C.B. *Treating Reading Difficulties*, Washington, D.C. 1970)

BILINGUAL SCREENING AND PRESCRIPTIVE/REMEDIATION DEMONSTRATION

Project: Title VII

COMMUNITY SCHOOL DISTRICT #3

Albertha S. Toppins, Community Superindendent — Andres Rodriguez, Jr., Project Coordinator

NAME _____ TEACHER _____

C.A. _____ SCHOOL _____ GRADE _____ DATE _____

DIAGNOSTIC PROFILE
M. ALVAREZ

LANGUAGE DEVELOPMENT

OTHER LANUGAGE (Spanish or French)	ENGLISH
Oral Reception	**Oral Reception**
Is there evidence of sound misperception?	
Can child understand, retain instructions? one at a time? 2 or 3?	
Does child seem lost when playing Simon Says, when hearing a story?	
See Inventory of Language Abilities for more specific suggestions.	
See the Mann-Suiter Manual	

Oral Expression	**Oral Expression**
Note articulaion of sounds, extend and quality of vocabulary	
Grammar	
Sentence Length	
Organization, flow of ideas, clarity of expression	
Linguistic behavior towards peers,	
towards adults	
Notes language child speaks at home,	
with sibs,	
with peers	

MATHEMATICS

Numeration	**(Skills basically tapped by Key Math Diagnostic Arithmetic Test)**
Fractions	
Geometry and Symbols	
Addition	
Subtraction	
Mental Computation	
Numerical Reasoning	
Word Problems	

READING

OTHER LANGUAGE	**ENGLISH**
Knowledge of consonants in isolation, in initial, in ending position	Short vowels
consonant combinations	Long vowels
Vowels	Vowel combinations
Vowel combinations	
Syllabication	
Sight Vocabulary	
Preferred work-attack style	
Automaticity of skills	
Word reading vs. paragraph reading	
Oral reading vs. silent reading	
Reading Comprehension	
Oral reading style, including ommissions, transpositions distortions, reversals, word-by-word, syllable by syllable, etc. (see Gates-McKillip for ideas)	

SPELLING

OTHER LANGUAGE	**ENGLISH**
Can child spell name? Last name?	
Check spelling samples to see what kind of errors are made, and whether they reflect sound discrimination problems or visual substitutions, etc.	

SPECIAL AREAS AND SKILLS

Lateral dominance
Left-right directionality, general sense of direction (knows his way in school, can walk home unescorted, etc.)
Body image
Perceptual-motor integration

VISUAL FUNCTIONING

Visual matching
Visual discrimination
Visual closure
Visual analysis of whole-part relationships (as in puzzles)
Visual memory (short term and long term)
Ability to note details
Figure-ground perception
Nearpoint vs. farpoint activities (e.g. coping from book vs. coping from chalkboard).
Note sense of spacing between and within words.

AUDITORY FUNCTIONING

Auditory discrimination
Auditory sequencing
Auditory memory (short term or immediate, vs long term)
Enjoy working with tape recorder, listening to stories, to conversations and other oral language activities that entail listening and oral comprehension
Note whether performance is hindered when heavily dependent on oral language (e.g. cannot solve math problems orally presented, while able to solve them when presented in written form).
Note auditory memory (e.g. whether has mastered overheard sequences such as alphabet, days of week, months of year, etc.)

GROSS AND FINE MOTOR SKILLS

FINE
Pencil Use
Handwriting (printing, script)
Cutting
Pasting
Tying Knot
Coloring

GROSS
Tandem walking
Walking on tiptoe
Standing on one foot
Jumping on one foot
Hopping on one foot
Climbing and descending stairs
Throwing and catching a ball

Note the ease or clumsiness with which child performs these and other activities.

OBSERVATIONS ON BAHAVIOR

Attention
Concentration (how long does an activity remain meaningful?)
Disposition for work
Ability to work independently (self reliant vs. seeking external cues)
Ability to follow directions
Interest on tasks and activities
Cooperativeness with teacher, with other students
Motivation
Persistence
Attitude towards difficult tasks (is stimulated by them, tuned out, devastated)
Reactions to praise and rewards, what kinds of reinforcement are effective?
Energy level
Activity level (hypoactive vs. hyperactive, cannot remain on seat)
Orientation towards different subjects (what does she/he like, dislike?)
Orientation towards problem-solving
Fear of failure, anxiety about performing
Ability to reason, to conceptualize, to abstract

OBSERVATIONS ON PERSONALITY

General appearance and expression
Special skills or talents, interest, creativity
Sense of humor, empathy for others
Peer relationships, home relationships
Self-concept
Coping mechanisms (withdrawal—and fantasy vs. acting out)
Defenses
Fears, about being alone, about objects, animals, the dark, etc.
Anxiety
Affect (depressive, labile, angry, constricted, appropriate, comfotable, relaxed, assured)

MISCELLANEOUS

Any other pertinent information regarding child, home, school work, especially if you feel it will be pertinent for teaching the child and for improving his learning and personal functioning.

COMMUNITY SCHOOL DISTRICT #3

PSEN & BILINGUAL SCREENING DEMONSTRATION PROJECT

READING CLINIC SERVICE

CHILD INTERVIEW

School _____ Date _____

Pupil's Name _____

What do you do in your spare time? _____

What do you usually do after school? _____

In the evenings? _____

On Saturdays? _____

On Sundays? _____

With whom do you play? _____

How many brothers and sisters do you have? _____

How old are they? _____

Do you play with them? _____

What kind of work does your father do? _____

Where? _____

If your parents work, who takes care of you when you come home from school? _____

Do you belong to any clubs? _____

What do you do? _____

Do you take any special lessons? _____

How long have you been going? _____

What do you do? _____

Do you have any special hoppies? _____

What tools or playthings do you have? _____

Which do you like best? _____

Do you let other children use your toys? _____

Why or why not? _____

Is there any tool or toy you want badly? _____

Do you have an allowance? _____ How much? _____

Do you earn your allowance? _____ How? _____

Have you ever earned money? _____ How? _____

What do you do with your money? _____

How often do you go to the movies? _____

With whom do you usually go? _____

What are the two best movies you've ever seen? _____

Who is your favorite actor? _____

Actress? _____

What kind of movie do you like best: ☐ Comedy ☐ Sad
☐ Western ☐ News ☐ Love Story ☐ Mystery
☐ Monster ☐ Police ☐ Gangs

Do you have a television set? _____

How much do you watch it? _____

What are your favorite programs? _____

Have you ever been to a: ☐ Farm ☐ Circus ☐ Zoo
☐ Art Museum ☐ Natural History Museum ☐ Picnic
☐ Amusement Park ☐ Concert ☐ Ball Game

Have you ever taken trip by: ☐ Boat ☐ Train ☐ Bus
☐ Car ☐ Plane

Where did you go? _____

What did you do last summer? _____

Have you ever spent a summer outside of NYC? _____

Where? _____

What did you do? _____

Do you have a pet? _____

What schools have you attended? _____

Do you like school? _____

Why or why not? _____

What subjects do you like? _____

Dislike? _____

Do you enjoy reading? _____

Do you like to be read to? _____

How much time do you spend just reading? _____

What are some books you have read lately? _____

Do you have a library card? _____

How often do you use it? _____

Do you get books from the school library? _____

How many books of your own do you have? _____

Are there any books you would like to have? _____

Do you have books in your home? _____

What kind? _____

What kind of reading do you like best? _____
☐ History ☐ Travel ☐ Plays ☐ Adventure
☐ Science ☐ Poetry ☐ Novels ☐ Mystery
☐ Fairy Tales ☐ Giant Stories ☐ Monster Stories
☐ Biography ☐ Music ☐ Art ☐ Art
☐ Sports ☐ Animal Stories ☐ Family Stories
☐ Other _____

Do you read the newspaper? _____

What parts? _____

Which part do you like best? _____

Do you have any magazines at your house? _____

What are they? _____

do you read any of them? _____

What's your favorite? _____

What would you like to do when you are older? _____

What would your parents like you to do? _____

Are there any special things that concern you in school? _____

_____

READING CLINICIAN _____

COMMUNITY SCHOOL DISTRICT #3

PSEN & BILINGUAL SCREENING DEMONSTRATION PROJECT

READING CLINIC SERVICE

PARENT INTERVIEW

School _____ Date
Pupil's Name _____
Information given by _____
Inverviewer _____

SCHOOL BACKGROUND

Schools attended _____
Grades skipped/repeated _____
Areas of excellence/deficiency _____
Onset of reading problem _____
Special help given in schol, such as groups, tutors, etc. _____
How was reading taught? _____
Hhat kinds of books were used? _____
Amount and kinds of reading homework _____
Where child does homework _____
When done _____
Lighting in homework area _____
School's attitude twoard reading problem _____
Special lessons in/out of school (i.e., art, music) _____
Favorite school subjects _____
Subjects liked least _____
Child's attendance _____
Child's feeling about school/reading _____

HOME BACKGROUND

Mother's/guardian's name _____ Age _____
Father's/guardian's name _____ Age _____
Sibling(s) ages: Boys _____ Girls _____
Other people living at home (relationship) _____
Educational background: mother/guardian _____
father/guardian _____
Language(s) spoken at home _____
Used by child at home _____
TV (favorite programs) _____
Radio (favorite programs) _____
Books (what kinds) _____
Newspapers (what kinds) _____
Magazines (what kinds) _____
Activities after school _____
Responsibilities at home and how well they are performed _____
Responsibilities/jobs outside the home _____
Kinds of reading preferred by family members _____
Reading difficulties of other family members _____
Summer vaction activities, i.e., camp, trips _____

NUTRITION

Foods child likes most _____
Foods liked least _____
Foods preferred for snacks _____
Child ☐ sometimes ☐ often misses
☐ breakfast ☐ lunch ☐ diner
Child is a "problem" eater _____
Child seems ☐ hungry all the time ☐ seldom hungry

SERVINGS PER WEEK (list specific items where possible: beef, beans, orange, macarone, corn flakes, etc.)

Meat, poultry, fish _____
_____
_____
Milk, cheese, ice cream _____
_____
_____
Vegetables _____
_____
_____
Fruit _____
_____
_____
Cereals, pasta, rice _____
_____
_____
Candy, soda, cake, potato chips, fritos, etc. _____
_____
_____

BIRTH HISTORY

Prenatal: Illnesses, accidents hospitalization _____
Frequency of physical checkups _____
Did baby breathe immediately after birth _____
Birth: ☐ Premature ☐ Instruments ☐ Complications
☐ Delayed ☐ Induced ☐ Caesarean
Toilet training completed _____
Walked _____
Talked: Words _____
Phrases _____ Sentences _____

MEDICAL HISTORY

Child seems to hear normally _____
Responds to sounds when back is turned _____
When spoken to, tends to turn head _____ Right _____ Left
Watches lips of speaker _____
Cups ear with hand when spoken to _____
Ear infection with drainage _____
Speech: _____ loud _____ soft
_____ slurred _____ monotone
Always turns on radio/TV very loud _____
Hypersensitive to sound _____
Date of last vision test by doctor _____
Where _____ Problem _____
Correction _____
Glasses _____ When worn _____
☐ TV ☐ Chalkboard ☐ Reading only ☐ All the time
Vision correction completed/in process _____
Comments _____

(CONTINUED)

PARENT INTERVIEW

MEDICAL HISTORY continued

Child's General Health _____

Tires easily _____

Frequent colds/coughs _____ Frequent headaches _____

Hyper/hypoactive _____

Bedtime _____ Hours of sleep nightly _____

Frequent nightmares _____

Bedwetting _____ Sleepwalking _____

Date of last physical checkup _____

Where given _____

Frequency of checkups _____

Where _____

Height _____ Unusual growth pattern _____

Underweight _____ Overweight _____

Unusual gains/losses _____

Medication: For what _____ How often _____

Side effects _____

When prescribed _____ By whom _____

Comments _____

_____

DISEASES, OPERATIONS, ACCIDENTS

Illness (i.e. asthma, measles, convulsions, allergies, sickle cell, epilepsy) _____

_____

Age	Duration	Where Hospitalized	After Effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physicians, hospitals, professionals, agencies with sufficient knowledge to give information:

Name	Address	Date of Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____

MOTOR DEVELOPMENT

Clumsy _____

Rate child's ability in:	poor	average	good
balancing	_____	_____	_____
running	_____	_____	_____
skipping	_____	_____	_____
throwing	_____	_____	_____
catching	_____	_____	_____
kicking	_____	_____	_____

Handedness: ☐ Right ☐ Left ☐ Both

☐ Changed When _____ Reason _____

SOCIAL-EMOTIONAL

Attention span _____

Temperament _____

Fears, worries _____

Personal tragedy _____

Reaction to tragedy _____

Relationships with: Parents _____ Siblings _____

Peers _____

Attitude toward: Teacher _____ School _____

Class _____

Feelings of acceptance/rejection _____

Reaction to reading problem _____

Reaction to receiving special help _____

Child's most important problem _____

What works well in getting child to do things _____

Number of friends _____ Concern for others _____

Participation in group activities _____

Parent's hopes for child _____

Special aspects of child's school life that concern parent _____

_____

_____

_____

COMMUNITY SCHOOL DISTRICT #3

PSEN & BILINGUAL SCREENING DEMONSTRATION PROJECT
READING CLINICAL SERVICE

CLASSROOM ASSESSMENT PROFILE

NAME OF STUDENT _____

SCHOOL _____

NAME OF TEACHER INTERVIEWED _____

BEHAVIORAL CHARACTERISTICS

Short attention span for age group? ☐ Yes ☐ No

Flustered, angered, withdrawn, _____, by competition? ☐ Yes ☐ No

Fails to retain what is taught on day-to-day basis ☐ Yes ☐ No

Easily distracted? ☐ Yes ☐ No

Does s/he get angry, silly, cry more often than others? ☐ Yes ☐ No

Does s/he withdraw from normal classroom activity? ☐ Yes ☐ No

Is s/he a management problem in the classroom? ☐ Yes ☐ No

Does s/he use disruptive attention-getting devices in class? ☐ Yes ☐ No

Other _____

VISUAL DISCRIMINATION

Does s/he sometimes read from right to left? ☐ Yes ☐ No

Does s/he frequently lose the place or skip lines? ☐ Yes ☐ No

Does s/he frequ.ntly confuse letters (b/d, p/q, m/n)? ☐ Yes ☐ No

Does s/he frequently confuse similar word types (then/when)? ☐ Yes ☐ No

While reading *orally*, does s/he

a. have poor rhythm? ☐ Yes ☐ No

b. have poor phrasing? ☐ Yes ☐ No

c. lose the place? ☐ Yes ☐ No

d. omit words and phrases? ☐ Yes ☐ No

e. insert words or phrases? ☐ Yes ☐ No

Other: _____

AUDITORY DISCRIMINATION

Does s/he have *difficulty*:

a. distinguishing between speech sounds? ☐ Yes ☐ No

b. following rapid conversation? ☐ Yes ☐ No

c. understanding lengthy sentences? ☐ Yes ☐ No

d. remembering information that is told rather than seen? ☐ Yes ☐ No

e. repeatign a simple sentence after hearing it? ☐ Yes ☐ No

f. Other: _____

MOTOR COORDINATION

Does s/he show poor coordination in walking, running, etc.? ☐ Yes ☐ No

Does s/he show general physical clumsiness? ☐ Yes ☐ No

Is s/he frequently wandering about the classroom? ☐ Yes ☐ No

Is s/he generally overactive? ☐ Yes ☐ No

Is s/he generally listless? ☐ Yes ☐ No

SPEAKING

Does s/he speak haltingly? ☐ Yes ☐ No

Does s/he exhibit an inability to form words? ☐ Yes ☐ No

Does s/he have difficulty expressing things orally that s/he appears to understand? ☐ Yes ☐ No

Does s/he speak in a monotone? ☐ Yes ☐ No

Does s/he appear to exhibit confused speech patterns, relating things in an illogical and unsequential order? ☐ Yes ☐ No

Does s/he have difficulty telling a story in sequence? ☐ Yes ☐ No

Is hs/her written work better than his/her oral work? ☐ Same ☐ Yes ☐ No

Other: _____

LATERALITY

Handedness ☐ L ☐ R ☐ Mixed

Eyeness ☐ L ☐ R ☐ Mixed

Footedness ☐ L ☐ R ☐ Mixed

SPACIAL RELATIONSHIPS

Does s/he show spacial *confusion* in

a. direction (left/right, over/under, up/down)? ☐ Yes ☐ No

b. sequence (months, days, before/after, now/later? ☐ Yes ☐ No

c. map reading (north, south, east, west)? ☐ Yes ☐ No

d. Other: _____

READING SUBSKILLS

Does s/he need help in:

a. identifying consonants? ☐ Yes ☐ No

b. identifying consonant clusters? ☐ Yes ☐ No

c. identifying digraphs? ☐ Yes ☐ No

d. sounding short vowels? ☐ Yes ☐ No

e. long vowel rules? ☐ Yes ☐ No

f. blending? ☐ Yes ☐ No

g. consonant substitution? ☐ Yes ☐ No

h. syllabication? ☐ Yes ☐ No

ACADEMIC PERFORMANCE

What is your estimation of his/her level of reading performance in class? _____

What have you observed to be the outstanding reading difficulties?

_____

Does s/he have poor comprehension in ☐ oral ☐ silent reading?

Are you having significant success with any particular method, system or materials with this child? _____

In your opinion, should this child be referred for special education placement? ☐ Yes ☐ No

If yes, type of placement recommended: _____

NOTE: This questionnaire should be completed during a face-to-face interview with a Reading Clinician.

COMMUNITY SCHOOL DISTRICT #3
300 West 96th Street
New York, NY 10025

NEEDS ASSESSMENT
Reading Clinic

School: _____

List below the children in need of Reading Clinic service (intensive multidisciplinary case study and follow-up)

STUDENTS NAME	GRADE	ESTIMATED INSTRUCTIONAL READING LEVEL	BEHAVIORS DEMONSTRATE POSSIBLE SERIOUS PROBLEMS CHECK BELOW			
			VISION	HEARING	EMOTIONAL	GENERAL HEALTH
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
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			☐	☐	☐	☐
			☐	☐	☐	☐

SECTION II:
Diagnosis

"The end product of all diagnosis, correction, and stimulation is to educate the child to his greatest potential."

Following completion of the screening process, a student "Program Placement Form" indicated the program category for each project participant.

"The heart of the Clinical Concept (of instruction) is that it must be an interdisciplinary approach enlisting the aid and services of other professionals in other disciplines to form a team."

The Bilingual-Bicultural Clinician teams at each project school ensured a thorough analysis of the bilingual child's strengths and weaknesses via a comprehensive, non-discriminatory assessment. Each site developed and employed.

- Reading/Learning Centers
- Multicultural Individualized and Group Instruction
- Student-Centered Learning Strategies
- Bilingual Instructional Technology

CONTENTS OF THIS SECTION

- Diagnosis: Overview
- Auditory Perception
- Visual Perception
- Informal Reading Inventory (Spanish)
- Word Attack Skills Checklist
- Samples: Diagnosis and Prescription (English and Spanish)
- Sample Case Study

Diagnosis: Overview

The diagnostic procedures used in the bilingual clinic program provide an in-depth look at the child's reading ability. There are four basic purposes for diagnosing students; these are:

1. to determine whether in fact a weakness (or disability) exists;
2. to determine the causes of a disability if one is identified;
3. to develop a plan for treatment (correction or remediation) of the identified disability;
4. to provide the most appropriate services that are available to the child within the program.

Generally, diagnostic procedures include the administration of standardized tests, formal observation in the classroom, preparation of social histories—case studies that include pertinent home data as well ad educational findings—and formal interviews of both the child and the parent. Taken together, these pieces of information lead to the formulation of a prescriptive plan for treatment of the disability.

The assessment procedures used will yield a profile of an individual student's strengths and weaknesses. Such an assessment will enable the teacher to plan a developmental, sequential series of learning activities and experiences that are based on specific needs and have as their guiding principle specified goals and objectives leading to the mastery of identified skills.

The steps in this assessment include:

- **Physical evaluations**
  - Vision
  - Hearing
  - Motor Ability
  - Perceptual Acuity
- **Observations**
  - Formal-clinician, teacher-in classroom
  - Informal-teacher, parent-in classroom; at home
- **School records and anecdotal information**
  - Standardized test scores
  - Academic Progress reports
  - Teacher anecdotal assessments

The results of the assessment activities should be the planned, sequential program to build on the student's strengths and remediate those areas identified as being weak. Such a program should include:

Activities intended:

- to build the student's experiential base
- to develop oral language skills
- to strengthen sound to symbol transference
- to refine word attack and visual memory skills
- to sharpen listening skills

Characteristics of Diagnosis:

- it is more detailed than screening
- should be conducted by a team of specialists
- is based on data obtained from tests, observation, social and cognitive case studies, and personal interviews
- summarizes multidimensional data to provide a total overview of student's skills and needs

social-emotional

- family history
- case studies of interactions at home and at school
- psychological examination—evidence of child under-going any cultural shock

medical

- developmental milestone review
- neurological testing
- physical examination

educational

- child's learning style (especially important with bilingual/bicultural youngsters)
- speech and language dominance and proviciency in each language (native and second languages)

Auditory Perception

In the area of auditory perception, the teacher and/or clinician should:

- Know the benchmark criteria for auditory performance of children in different age groups
- Recognize symptoms indicating the likely need for a referral for testing
- Interpret test results and make appropriate curricular adjustments as well as to explain results to parents
- Recommend or make environmental (classroom) adaptions so that the auditory problem does not prevent the child from participating in class
- Explain to parents the need to follow instructions from the specialist concerning the use of a hearing aid, giving medication, and scheduling follow-up appointments
- Make recommendation for appropriate follow-up tests to evaluate improvement in or deterioration of auditory ability

Area	The Role of the Clinician	Teacher	Parent
Hearing:	Tests, or refers for testings, student with suspected hearing problem. Uses: Audiometer machine	Makes referral based on observation of student or on information contained in records pertaining to need for auditory examination. May contact school nurse, clinician, and parent regarding need.	Obtains professional help for child from appropriate doctor or clinic. Takes child for indicated follow-up examination.

PSEN READING CLINIC

COMMUNITY SCHOOL DISTRICT NO. 3
300 West 96th Street, New York, NY 10025

BILINGUAL SCREENING AND READING CLINIC DEMONSTRATION PROJECT — TITLE VII

OFFICE OF COMMUNITY SUPERINTENDENT

STUDENT'S NAME _____ OBSERVER _____

DATE _____ ☐ Parent ☐ Teacher

TEACHERS' & PARENTS'
Checklist of Behaviors Indicating Possible Hearing Problems

BEHAVIOR PROBLEMS (especially in young students)	☐ YES	☐ NO
POOR SCHOLASTIC ACHIEVEMENT (especiall in young students)	☐ YES	☐ NO
EARACHES	☐ YES	☐ NO
FAULTY PRONUNCIATION OF KNOWN WORDS	☐ YES	☐ NO
TENDENCY TO FAVOR ONE EAR (turnign one ear towards the speaker)	☐ YES	☐ NO
CONPLAINTS OF HEAD NOISES, DIZZINESS OR CLOSED FEELING IN EAR	☐ YES	☐ NO
TENDENCY TO BREATHE THROUGH THE MOUTH	☐ YES	☐ NO
CONTINUED POOR SPELLING	☐ YES	☐ NO
FREQUENT REQUESTS TO REPEAT STATEMENTS AND QUESTIONS	☐ YES	☐ NO
LACK OF ATTENTION	☐ YES	☐ NO
FREQUENT RUBBING OF THE EAR	☐ YES	☐ NO
UNNATURAL PITCH OF THE VOICE	☐ YES	☐ NO

Source: Temple University Reading Clinic

Visual Perception

In the area of visual perception, the teacher and/or clinician should:

- Know the benchmark criteria for visual performance of children in different age groups
- Recognize symptoms indicating the likely need for a referral for testing
- Interpret test results and make appropriate curricular adjustments as well as to explain results to parents
- Recommend or make environmental (classroom) adaptations so that the visual problem does not prevent the child from participating in class
- Explain to parents the need to follow instructions from the specialists concerning the wearing of glasses, use of the eyes, necessary resting of the eyes, and, where necessary, muscle exercises
- Make recommendations for appropriate follow-up tests to evaluate improvement in or deterioration of visual acuity

THE DIAGNOSTIC PROCESS

Area:	Clinician	Teacher	Parent
Vision	Tests, or refers for testing, student with suspected visual problem. Uses: Snellen chart Telebinocular viewer Clinical examination instruments	Makes referral based on observation of student or on information contained in records pertaining to the need for visual examination. May contact school nurse, clinician, and parent regarding need.	Obtains professional help for child from appropriate doctor or clinic. Secures necessary eyeglasses or takes child for indicated follow-up examination.

Informal Reading Inventory in Spanish

Suggested Administration

These sample tests have been constructed as a "battery of interdependent tests which measures specific *components of reading ability*" (p. 13, Examiner's Manual *Diagnostic Reading Scales* by George D. Spache) in Spanish. "La Lista de Palabras" and the reading passages are administered in the order given (I, II, III) each level approximately representing graded materials for the spanish reader.

It is necessary that the teacher refer to the *Examiner's Manual; Diagnostic Reading Scales* written by George D.Spache before adapting any reading tests in Spanish for diagnostic purposes.

BILINGUAL PROGRAM

COMMUNITY SCHOOL DISTRICT NO. 3
300 West 96th Street, New York, NY 10025
BILINGUAL SCREENING AND READING CLINIC
DEMONSTRATION PROJECT — TITLE VII
SAMPLE SPANISH INFORMAL READING INVENTORY (IRI)

Primer

FIFI Y CUCA VAN A LA FERIA.

FIFI ES UN GATO.

VA A SALTAR Y A JUGAR.

CUCA ES UNA MONA.

VA A BAILAR Y A TOCAR EL PIANO EN LA FERIA.

FIFI Y CUCA VAN A GOZAR!

1.	? Quien es Fifi?	(un gato)
2.	? Quien es Cuca?	(una mona)
3.	? Adonde van?	(a la feria)
4.	? Que va a hacer Fifi?	(saltar y jugar)
5.	? Que va a hacer cuca?	(bailar y tocar el piano)
6.	? Como se van a sentir?	contentos, van a gozar, etc.)

Source: Laidlaw Reading Series

WORD ATTACK SKILLS CHECKLIST

NAME _____

GRADE _____ AGE _____ DATE _____

SKILL	POOR	AVERAGE	GOOD
Recognition of basic sight vocabulary			
Ability to sound out new word			
Recognition of consonant sounds			
Recognition of vowel sounds			
Knowledge of syllabication			
Ability to analyze word structure			
Understanding of syllabication			
Understanding of root words			
Understanding of prefixes			
Understanding of suffixes			
Ability to use context clues			
Ability to supply synonyms and antonyms			
Ability to use a dictionary			

COMPREHENSION SKILLS CHECKLIST

NAME _____

GRADE _____ AGE _____ DATE _____

SKILL	POOR	AVERAGE	GOOD
Ability to understand meaning			
Word			
Sentences			
Paragraph			
Ability to recallmain ideas			
Ability to give supporting ideas			
Ability to retell a story in sequence			
Ability to draw conclusions from given facts			
Ability to evaluate material read			
Ability to relate reading to experience			
Ability to use sources of information			
Tables of contents			
Dictionary			
Maps			
Index			
Ability to make comparisons between two or more versions of a story			

Source: C.B. Smith

Developing Successful Reading Experiences for Bilingual Students with Limited Proficiency in Two Languages

Presented at the Urban Readig Consortium
by Philip Segan*

October 8, 1983

*Permission to use in manual granted by presenter

Terms

1. *Limited Language Proficient*—limited linguistic skills in a language that may impede progress in learning to read.
2. *Pre-literate* — stage before literacy is developed.
3. *Literate* — able to read and write.
4. *Biliterate* — able to read and write in two languages.
5. *Bi-illiterate* — unable to read or write in two languages.

CASE STUDY A

Adalberto, a six-and-a-half-year-old Colombian student enters your first-grade classroom in November. He has been in the United States since July, but his mother had not settled into a permanent residence until just before registering Adalberto in school. She speaks no English and is, therefore, being assisted by a bilingual neighbor.

In addition to his mother, Adalberto lives with a three-year-old sister, a six-month-old brother and a fourteen-year-old brother, who is in junior high school. His older brother attended school in Colombia and has begun to speak a little English. He has been placed in a bilingual classroom. Adalberto speaks no English.

One of the proficient bilingual students helps you to communicate with Adalbert.

Questions

1. What experiences would you expect Adalberto has had?
2. How can you use this experiential base to design pre-reading activities?
3. What assumptions can be made about Adalberto's reading ability in his native language?
4. What strategies would you employ to help Adalberto begin to learn to read?

CASE STUDY B

Damaris is a ten-year-old from Puerto Rico. She has attended school for 5 years. She finished grades 1-3 in Puerto Rico, where she was readign on grade level in Spanish. On her entry into mainland schools, she repeated grade 3. She is now in your fourth-grade class, a group of mixed ability students, many of whom are not likely to meet promotional criteria.

You assign Damaris to a "buddy," a girl who is bilingual and has been in New York City schools since gindergarten.

Your class receives the services of an ESL teacher and an educational assistant four times a week. You believe that Damaris should be seen by the ESL team for language development. A quick call to her former school reveals that she had been receiving ESL instruction there.

She is reading at a low first-grade level. Most of her problems are in the areas of unfamiliarity with English lexical items, poor decoding skills, and lack of an experiential base to assist her comprehension of story ideas.

Questions

1. **What experiences would you expect Damaris has had?**
2. **How can you use this experiential base to design reading activities?**
3. **What assumptions can be made about Damaris' reading ability in her native language?**
4. **What strategies would you employ to help Damaris strengthen her reading skills?**

PHILIP SEGAN

PRE-READING/READING ACTIVITY
Worksheet

Using what you know about a student you have taught or are now teaching, complete the items below. Then, based on the examples presented and the follow-up discussion, design one pre-reading/reading strategy.

STUDENT BACKGROUND:

NAME _____

SEX _____ AGE _____ COUNTRY OF BIRTH _____

HOME LANGUAGE(s) _____

YEARS IN SCHOOL: NATIVE COUNTRY _____ U. S. (Mainland) _____

BILINGUAL PROGRAM: ☐ YES ☐ NO YEARS _____

NATIVE LANGUAGE ABILITIES		SECOND LANGUAGE ABILITIES
_____	AUDITORY COMPREHENSION	_____
_____	SPEAKING	_____
_____	READING	_____
_____	WRITING	_____

INTERESTS: _____

EXPERIENCES: _____

STRATEGY:

PURPOSE:

EXPECTED OUTCOME:

Adaptation and Summary of Sample Reading Clinic
BILINGUAL CASE STUDY REPORT

IDENTIFYING INFORMATION (Except for diagnostician, clinician and psychologist, all names have been changed to maintain privacy.)

Name: Marisel Torres **Age:** 12 years, 2 months

Personal Information: Date of birth, address, telephone number, parents' names, etc.

Date Case Study Began: October, 1980

Home Room Class at Time of Referral: 7A

Bilingual Teacher at Time of Referral: Mr. Gonzalez

Referred by: Bilingual Coordinator and Bilingual Pedagogical Staff

Reason for Referral: Marisel was reading significantly below grade level in dominant langage, English; she was achieving poorly in academic subject areas of the school curriculum that provies instruction in Spanish and English.

Reading Clinician: Andres Rodriguez, Jr.

Date of This Report: June, 1981

I. LANGUAGE DOMINANCE

It was determined that Marisel was dominant in English; however she communicated with equal fluency in both Spanish and English. Observing her social interaction and learning of school tasks within the clinic setting, she prefers communicating in English.

Given the **Cervenka Test of Basic Language Competence in English and Spanish,** Marisel demonstrated expected competency level in following oral directions and performing command tasks in both languages. She performed below expected competency level on subtest on the understanding and manipulation of grammar in both languages. Although Marisel speaks and manipulates the Spanish vernacular of Puerto Rico, she showed difficulty in comprehending the formal Spanish language instructed to pupils at her grade and age.

To supplement the Cervenka Test, the LAB was administered. In both English and Spanish, Marisel scored below expected competency level.

	Reading	Writing	Listening	Speaking
Spring 79—English	13	12	18	14
Spring 79—Spanish	17	10	25	14

The LAB indicated that Marisel's listenign comprehension and reading ability were higher i Spanish than in English. Other areas showed that Marisel can perform equally well in oral/writing school tasks in two languages.

II. BACKGROUND (School and Family)

Marisel is the oldest of three children in her family. She has attended two different elementary schools. She has good health and attendance. When she was 3, she fell out a second floor apartment window and was hospitalized for two weeks. She complains of blurred vision at times.

III. CLINICIAN'S OBSERVATIONS

Marisel is a pleasant girl. She has many friends, but is seldom interested in reading or homework at home. It seemed difficult for Marisel to carry out any clinic/class assignment tasks—she would forget to return signed letters, appointment dates or her schedule at the Reading Clinic.

She seems to have a poor concept of future-time in terms of planning or organizing her school work assignments or studying at home for a test; her poor estimate of her accomplishments seems to restrict her progress in school learning and her ability to set goals for some future activity or event in her life.

IV. EVALUATIONS AND REFERRALS

1. **Auditory** — The **Wepman Auditory Discrimination Test** and the **Auditory Discrimination** subtest of the LAB were administered. Although results were satisfactory, she had difficulty with some of the same phonemes in Spanish and English— "b" and "d", "m" and "n", and the "r" and "l" in medial and final positions.

2. **Visual** — Marisel was given the visual discrimination subtest of the **San Bernadino/Santillana Language Development** test. Her sight vocabulary appears to be below adequate for her age and grade level in Spanish. (3rd-4th grade)

Given the **Huelesman Word Discrimination Test** in English, Marisel scored on the 3.8 grade level. She tends to reverse word parts of compound words and has difficulty in visual recall and word attack skills. She tends to employ phonic and word attack skills she has already learned in decoding Spanish, her native language, for decoding English words which are unfamiliar to her.

CONCLUSIONS

Marisel's reading problems appear to be the result of *poor word attack* and *reading comprehension skills* and of *visual-perception inefficiencies* and *emotional problems.*

Marisel has been going through a moderate depression period that still surfaces in her visits to the clinic. As a result of pressure from parents and school authorities to adequately adjust and conform to school regulations, she has been experiencing conflict between her need for personal freedom and her need to function with much supervision and structure. Marisel has improved her attitude toward school but needs counseling.

CLINIC STRATEGY AND RESULTS

1. A general vision examination was provided.

2. The Reading Clinic provided instruction and practice for improvement in visual-perception skills: tracing games, parquetry games, outlining, tracking-association games, and "Leocolor" diagnostic reading instruction using color/sound cues.

3. Established a line of communication with the home via parents visits to the clinic and by telephone. Parents have allowed Marisel to engage in neighborhood/family recreational activities.

4. Obtained a psychological evaluation for Marisel with the Reading Clinic Psychologist, Dr. Angel Martinez.

5. Provided remediation instruction in word-attack skills in English, her dominant language, via linguistic and phonics texts related to her interest. Used cloze procedure materials and improved her work-study skills through the use of the SQ3R Method: Surveying titles of printed materials, story books, relating illustrations and pictures, graphs, maps to content of text, Reading, Reciting, and Reviewing. She worked on chapter outlines of texts given in her academic subject classes.

RECOMMENDATIONS FOR ONGOING INSTRUCTION

1. It is of crucial importance that Marisel continue attending her *vision-training* sessions arranged by the University Optometric Center.

2. Marisel should be provided with *remedial reading* instruction in the areas of word-attack skills, vocabulary development, and oral/silent reading comprehension.

Enrichment activities: drama, dance, role-playing, music should benefit Marisel in the community/school setting.

Counseling should be provided in the schools setting.

3. Reading — Marisel's reading skills were diagnosed in Spanish by the **Santillana Skills Assessment Test** and **A Diagnostic Reading Test in Spanish** by De Chaves, Lahn, and Cutler. She scored satisfactorily on sound-symbol relationship, phonetic word completion, word discrimination, and sentence comprehension subtests. However on paragraph comprehension, she scored on a third to fourth grade instructional level.

In English, Marisel was given the **Spache Diagnostic Reading Scales** and the **Roswell-Chall Diagnostic Test of Word analysis Skills.** Her oral reading level appears to be 4.5 to 5.5, and her independent reading (silent) appears to be on a 5.5 grade level.

PHYSICAL SCREENINGS AND REFERRALS

1. Vision — Marisel was tested at the University Optometric Center. She failed both far and near point distance vision subtests. She was unable to work her eyes in balance and tended to turn out her eyes when viewing an image. She was recommended for vision training.

2. Hearing — Marisel's hearing was screened in Spanish with the Beltone pure tone audiometer. Her hearing acuity was excellent at all levels screened.

3. Perceptual Motor Functioning — Marisel was tested on the **Beery-Buktenica Developmental Test of Visual-Motor Integration.** Her visual-motor integration tasks performance was equivalent to a 9 year 6 month old learner. Results indicate that her ability to perform visual-motor tasks is impaired by her difficulty in integrating parts into a cohesive whole. She also reversed the spatial orientation of forms indicating her oversight of directionality when performing perceptual-motor tasks.

Given the **Slingerland Screening Test for Identifying Children with Specific Language Disability,** she preferred to copy written tasks in cursive writing, but mixed both cursive and manuscript writing.

4. Lateral Dominance — Marisel has established her right eye, right hand, and right leg as dominant in relating to the world around her.

Other Tests — Marisel was tested on the **Peabody Picture Vocabulary Test.** She performed equivalent to an 8 year, 1 month old native English speaking learner. Results may be invalid since it can be said that Marisel may have been unfamiliar with test items reflecting a cultural/linguistic meaning not part of her experience/knowledge repertoire although she now prefers learning in the English language school related instruction.

SECTION III:

Planning and Instructional Classroom Materials

Collaborating Agencies/Consultants:

- State University Optometric Center, College of Optometry (SUNY), New York, NY
- Harlem Speech & Hearing Center
- St. Lukes Hospital

Collaborating Universities:

- Teachers College, Columbia University
- Marymount College
- Fordham University-Lincoln Center

Collaborating Agencies/Special Programs

- School Literacy Volunteers
- United Parents Association
- Con Edison of New York
- New York Telephone Company
- Bilingual Education Services Center, Hunter-C.W. Post College, New York, NY
- Board of Education, Project Find-Me
- Community Service Society (C.S.S.), Direction Services: P.S. 145

CONTENTS OF THIS SECTION

- Skills Organization
- Reinforcement Materials
- Sample Learning Center Design and Skills
- Sample Learnng Center Design and Skills

In-service staff development and on-site workshop demonstrations, and seminars were open to paraprofessionals, teachers, administrators and parents.

In collaboration with the School District 3 former Reading Clinic Program Staff and Advocate Resource Center Staff district-wide conferences were developed for professionals and parents.

Videotapes of staff development and conferences are available; a clinical teacher-training manual was also developed for replication.

MONTHLY PLAN

Developed by the Reading Clinic Team at P.S. 9

Carlo Mitton, Edridge Roumer & Ernest Cave

Monday

MANIPULATION GAMES

Pre-Primer & Primer Levels	Shapes & Colors Inversion & Reversal Perceptual Motors Directionality	1. Shape Stencils 2. Script Letters 3. Eye-hand Coordination 4. Design Cards
Level 2	Visual Discrimination Auditory Discrimination Sequence-Classification Language Development	1. Visual Memory Cards I 2. Familiar Sound 3. Ordinal & Cardinal Puzzle 4. Motor Expressive Cards I
Level 3-4	Sequence-Classification Language Development Visual Memory Auditory Discrimination	1. Sequential Picture Cards I 2. Language Development Game 3. Visual Memory Cards II 4. Cassette/Story-Directions

Tuesday

ENGLISH REMEDIATION

		D.L.M. Activities
Pre-Primer & Primer Levels	Idea Program Level I	1. People 2. School 3. Numbers 4. Colors
Level 2	Idea Program Level II & III	1. People — Occupations 2. School — Clothing 3. Numbers — 4. Animals — Farm
Level 3-4	Idea Program IV, V, VI	1. People — Transportation 2. Clothing — Calendar 3. Numbers — Toys 4. Animals —

FRENCH REMEDIATION

Pre-Primer & Primer Levels	Methode Dynamique Level A	1. Story Book — Illustration 2. Vocabulary — Illustration 3. Characters — Illustration 4. Comprehension Questions — Song
level 2	Un, Deux, Trois—Book 1	1. Dialogue — Memorization Sentence Pattern (practice) 3. Dramatication of the Dialogue 4. Independent Activities — Reading Kit I
Level 3-4	Un, Deux, Trois—Book 2	1. Dialogue — Memorization 2. Role Playing 3. Pattern Practice 4. Independent Activities — Reading Kit II

Wednesday

ENGLISH REMEDIATION

Pre-Primer & Primer Levels	Understanding What We Read —Level A	1. Filmstrip — Cassette — Activity Sheet 2. Pciture Cards — Vocabulary 3. Cassette — Comprehension 4. Story Recall

	Level 2	Understanding What We Read —Level B	1. Filmstrip — Cassette — Activity Sheet 2. Picture Cards — Activity Cards 3. Cassette — Read Along Book 4. Story Recall — Illustration
	Level 3-4	Coronet Program — Level C & D	Filmstrips & Cassettes 1. Dracula: Science or Fiction 2. The Mystery of UFOs 3. African Termites 4. Children of the Wilderness
		FRENCH REMEDIATION	
	Pre-primer & Primer Levels	Frere Jacques I	1. Dialogue 2. Mimes 3. Puppetry 4. Song — Illustration
	Level 2	Frere Jacques II	1. Reader — Workbook 2. Dialogue — Mimes 3. Riddles 4. Song — Illustration
	Level 3-4	SRA Materials	Reading Comprehension Exercises with Multiple Choice
Thursday		**ENGLISH REMEDIATION**	
	Pre-Primer &	Basic Inventory of Natural Language —(BINL)	
	Level 1-2	Coronet Program — Level A & B	1. Atlantis: The Missing Continent 2. The First Blue Jeans 3. First Among Thoroughbreds 4. Ancient Skyscrapers
	Level 3	Understanding What We Read —Level C	1. Instructions on Audio — Tape — Silent Reading — Activity Sheets
	Level 4	Understanding What We Read Level D	Instructions on Audio — Tape — Silent Reading — Activity Sheets
		FRENCH REMEDIATION	
	Pre-Primer & Primer Levels	Bonjour Line	1. Pattern Practice 2. Memorization of Dialogue 3. Dramatization of Dialogue 4. Exercise Booklet with Picture Stimuli
	Level 2	J'ecris, Tu Ecris —	1. Grammatical Structures 2. Pattern Practice 3. Exercises (Grammatical Usage) 4. Evaluation
	Level 3-4	Ecrivons Mieux —	1. Grammatical Structures 2. Pattern Practice 3. Exercises (Grammatical Usage) 4. Evaluation
Friday		**ENGLISH REMEDIATION**	
	Pre-Primer &	Boehm Resource Guide	1. Concept Cards: Directionality — Spatial Relation. Picture Stimuli — Worksheet 2. Concept Cards: Application at More Abstract Levels: Reversing — Comparing Sequencing — Classifying

		3. Concept Cards: Directionality —Spatial Relation (continued) Above, Under, Below, Over — Worksheets 4. Productive Use in the Child's Own Speech — Describing Relationships — Using Alternative Labels — Forming Mental Pictures — Reversing — Concepts in Combination
Level 2	Understanding What We Read —Level B	Reading Book — Cassette — Activity Sheet — Comprehension Questions
Level 3 & 4	Understanding What We Read —Level C & D	Instructions on Audio — Tape — Silent Reading — Activity Sheets

SKILL REINFORCEMENT MATERIALS — D

Inversion	— Script Letters
Shapes & Colors	— Shape Stencils / Animal Stencils / Color Association Picture Cards / Color & Shape Memory Game
Sequence	— Ordinal & Cardinal Puzzle / Sequential Picture Cards I, II, III, IV / Sequential Cards — Before, After / Health & Safety — Consumer / Self-Care — Animal Growth
Auditory Discrimination	— Familiar Sounds
Visual Discrimination	— Visual Memory Cards 1, 2, 3, 4
Perceptual Motor	— Shape Dominoes / Car Match-up / Eye Integration / Design Dominoes / Figure Ground Activity Cards
Directionality	— Design Cards / 3 Centimeter Cube / Small Paquetry / Monster Puzzle Association Picture Cards 2 / Half to Whole Cards / Symmetrical Match-up / Spatial Relation Picture Cards
Language Development	— Motor Expressive Cards 1, 2 / Language Development Game / Word Picture Dominoes 1, 2 / Category Cards / Logic Cards / Single & Plural Dominoes / Homonym Cards / Verb Puzzle / Noun Puzzle / Compound Words / Reaction Cards
Classification	— People & Things / Action Symbols / Animal Sorting Game / Association Picture 1, 2 / Career Identify Cards / Multiethnic People Puzzle Faces / Action Symbols / Sorting Game: Birds, People, Things & Places / Recreaction — Sports
Eye-Hand Coordination	— Tracking Association Cards / Dinosaur Mazes / Tracing Paper Design

COMMUNITY SCHOOL DISTRICT 3

Planning Reading Centers for Individualization of Pupil Instruction

Suggested Haitian Bilingual Learning Center for Reading Skills Developed by Dr. Frances Segan

Major Topic: U.S. & Haitian Holidays

Subtopics:

A. The Calendar

B. The Seasons

C. Songs and Literature/Experiences Related to Holidays

D. Traditions and Recipes

General Objectives:

1. To strengthen reading skills in both English, Creole, and French through a bicultural, theme approach.

2. To develop prescriptive learning activities to meet the varied needs, skills, and levels of Haitian bilingual students.

3. To stimulate interest in students through a multi-discipline, multi-skill approach.

4. To enrich the haitian bilingual students' vocabulary and experiences by comparing similarities and differences in holidays and traditions in Haiti and the United States.

HOLIDAYS

DATE	HAITI	UNITED STATES
January 1	Le jour de l'an (orange-good luck color)	New Year's Day
	Independence Day	
January 6	Le trois mages	
January 15		Martin Luther King Day
February 2		Groundhog Day
February 12		Lincoln's Birthday
February 14	Le jour de St. Valentin	Valentine's Day
February 22		George Washington's Birthday
February-March	Carneval Le Mardi Gras	Le mardi Gras (New orleans)
March 17		St. Patrick's Day
April 1		April Fool's Day
April	Paques	Easter/Passover
May 1	Jour du Travail	
(2nd Sunday)		Mother's Day
(Last Sunday)	La Fete des Meres (Red/white flowers)	
May 18	La Fete du Drapeau	
	l'ancien — rouge & bleu palmier et canon	
	le nouveau — pinta de et lambi	
May 31		Memorial Day
June 14		Flag Day
(2nd Sunday)	La Fete des Feres	Father's Day
July 4		Independence Day
July-August	Juillet-Aout	
	Saints' Days in Towns	
September (1st Mon.)		Labor Day
October 12		Columbus Day
October 31		Halloween
November (1st Tues.)		Election Day
November 11		Veterans' Day
(3rd Thursday)		Thanksgiving Day
December 6	Jour de la Decouverte	
December 25	Noel	Christmas

Skill	Activities	Level	Evaluation
Auditory Comprehension & Auditory Memory	1. Have students record their own stories about holidays in their towns in Haiti or in the U.S. Then play the tapes and have children answer: What do we call this special day? On what date do we celebrate this special day? What do we do when we celebrate this special day? Why do we celebrate this special day?	Intermediate Grades 2-6	Each child can answer at least 2 questions correctly.
	2. Have students tell main ideas and details from each story.	Intermediate-Advanced Grades 3-6	Each student can tell the main idea and details of at least 1 story they have heard.
Auditory Discrimination	3. Select words from taped stories and develop a minimal pair activity for recognition of similar sounds and differences.	Beginner-Intermediate Grades 1-4	Children can identify at least 5 words that are the same/different or have the same vowel/consonant sound.
Auditory Comprehension through oral context clues	4. Play a guessing game with riddles about the holiday in Creole or English. Use names/object/animals. "I thinking about a turkey" "... groundhog" / "... black cat" / "... rabbit" / "... heart" / "... red flower"	Beginner Grades K-3	Each child can tell 1 riddle and guess at least 2 riddles.
Auditory Memory	5. Play records of songs for special holidays. Let the children learn words of 1 song.	Beginner - Intermediate	Each child can memorize 1 song in English/Creole/French
Visual Memory & Visual Context Clues	1. Teach the names of the colors and review the special days. Have children match flash cards with the names of holidays and colors.	Beginner - Intermediate	Each child can match 3 colors and 3 holidays
	2. Cut shapes of the maps of the U.S. & Haiti. Let the children match the names and shapes.	Beginner	Each child can name and place the shapes correctly on a corresponding outline.
Directionality & Location	3. Have the student locate their home towns and towns in the N-E-S-W. They can mention special days for each town. (They could also add a key for holidays.)	Intermediate	Each child can locate his/her home town and 2 other towns in different parts of the island.
Eye-hand coordination Left-right directionality Matching Symbols	4. Have children paste symbols on rexo sheets to make a calendar for Haiti & U.S. They can copy the days/numbers for each month and label months.	Beginner-Intermediate	Each child can make own calendar and paste symbols correctly and copy names of months, numbers, etc.

Visual Recognition of Sight Words & Sequence	5. Prepare the names of each special day with a symbol/picture on oaktag strips. Starting with January, have the children arrange the strips in order.	Beginner-Intermediate Grades 1-6	Each child can place at least 5 holidays within the corresponding sequence.
Visual Recognition	6. Have children match the names of seasons with pictures from Haiti and the U.S. and the months of the year.	Beginner-Intermediate	Each child can read the names of the 4 seasons and match 2 pictures correctly.
Following Directions Sequence	1. Have the children make a dessert or a dish for a holiday in Haiti or U.S. Let them read a recipe and name ingredients and tell what to do first, next, last.	Intermediate-Advanced Grades 4-6	Each child can read an ingredient and step from the recipe. After making the dish, the class can write/read an experience chart.
Reading Comprehension	2. Have children draw or paint a picture abut a holiday in haiti/U.S. Each child can dictate or write a sentence to tell about the picture.	Beginner-Intermediate	Each child can read 1 word/sentence developed by other students for their pictures.
	3. Have the children write an experience chart story about a new special day. Emphasize — what? when? why? how? questions.	Intermediate-Advanced Grades 4-6	Each child can read the story and answer at least 2 questions.

SECTION IV:

Parents As Partners in the Process

The parent training component involved the following on-site and travel activities:

- English as a Second Language Day Classes/Workshops
- Citizenship Education Classes
- The Adult Evening School Program High School Equivalency in Spanish/English, E.S.L. Classes, and Haitian Studies Course
- Workshops, Seminars and Institutes provided by Project Staff and collaborating agencies, Universities and consultants on home-based Screening and Remediation of Child's reading strengths & difficulties.
- Home visits and local trips to Community Agencies/Activities with the Project's Family Assistant.
- Travel to local and national conferences for Project Staff and Parents.

CONTENTS OF THIS SECTION

- What Parents Can Do
- Parent Consent Forms (to release records)
- Selected Readings and References

What Parents Can Do

The role of parents is crucial to the success of their children in learning to read. From the initial diagnostic interviews through activities carried out at home, parents should share in all phases of the reading program. They should be partners with the teacher and clinician in establishing routines and participating in skill-building practices for their children.

They need to be involved in the day-to-day observations of their child's activities. Instruction should be given in what to look for as a sign of a possible problem as well as how to measure progress as the child begins to master skills.

Parents can and should:

- Be observers and reporters of their child's behavior
- Participate in diagnostic evaluations by providing necessary information
- Follow up and reinforce specially designed oral language and reading activities
- Be responsible for continuing to monitor their child's progress and, where necessary, seek additional periodic examinations
- Bring to the attention of the school any marked changes in behavior and ability in their child

300 WEST 96th STREET
NEW YORK, NEW YORK 10025

READING CLINIC SERVICE

REQUEST FOR ACCESS TO READING CLINIC RECORDS

DATE _____

FROM: _____
(Name and Title)

_____
(Agency)

REASON FOR REQUEST: _____

_____

_____

_____

_____

_____
(Child's Name) (Date of Birth)

_____
(Address)

. . . . . .

I hereby authorize you to release Reading Clinic Records of _____
(Child's Name and Address)

to _____
(Name and Title of Agency)

_____
(Signature) (Date)

Relationship to Child
- ☐ Father
- ☐ Mother
- ☐ Legal Guardian
- ☐ Other _____
(Explain)

COMMUNITY SCHOOL DISTRICT
Reading Clinic Service

Date _____

Dear _____

We have arranged with _____ (University) to provide additional educational services in the Reading Clinic for your child, _____. These services will include teaching and evaluation supervised by _____ (Clinician), and _____ (name & title of Professor) of _____ (Dept. of University.

Sincerely,

Reading Clinician

_____

I, _____ ☐ consent to / ☐ decline the additional educational services obtained by the Reading Clinic for my child.

_____
Parent's Signature Date

SELECTED READINGS AND REFERENCES

Esworthy, H.F. — "Parents attend reading clinic, too"

International Reading Association:

"Your home is your child's first school"

"Studying: a key to success . . . ways parents can help"

"You can encourage your child to read"

"Eating well can help your child learn better"

"Good books make reading fun for your children"

"You can help your child in reading by using the newspaper"

"You can use television to stimulate your child's reading habits"

"Summer reading is important"

"How can I help my child learn to read English as a Second Language?" (available in Spanish)

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Regulations, Resources and References

The Bilingual Screening and Reading Demonstration Project worked with students in mainstream, bilingual programs. Some students might require additional referrals and evaluation.

Part 200 of the Regulations of the New York State Commissioner of Education describes specific procedures for the referral, evaluation, and planning of instructional programs and services for students in need of special education programs and services.

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